LIST OF CLASSIFIED STRUCTURES (LCS) TAE NEW NITE (DIS) LL

7.2	A	Q NAOIS 1127/02
Identification	L.C. V	of the swow of
IDLCS: 40259	Structure Number	: 1-113-A
Structure Name 1: BLUI Structure Name 2: Structure Name 3:		
ORGCODE: 1820	Name: MINUTE MAN NATIONAL County: MIDDLESEX Regional Office: NORTH ATLANT Name:	State: MA
	County: MIDDLESEX	State: MA
Number of UTM's:	0 Zone/Easting/Nort	hing
Significance		
NR Status: ENTERED		Date: 10/15/66
Significance: NOT EVA NHL: NO Significance	LUATED	Date: / /
GRANITE MARKER DESCRIBES THE BR	ITISH USE OF THE BLUFF AS A RALLYING POINT. HERI ATTEMPT TO STAVE OFF THE MINUTEMEN IN HOT PURSU	
Historical Informatio	n	
Period of Construction: HISTORIC		
Date: - ( ) Des	signer: signer: signer: signer:	( ) ( ) ( )
Functions, Uses, Materials, Impacts, and Condition		
Historic Functions MONUMENT (MARKER, PLAC	Current Uses MONUMENT (MAR	KER, PLAQUE)
Duilding	Matariala Structures	
	MaterialsStructures-	
Foundation: Framing:	Sub-structure:	
Walls: Roof: Other: Volume: Description	Super-structure:	GRANITE
GRANITE MARKER MOUNTED ON THE FACE OF THE BLUFF. WHEN A PORTION OF THE BLUFF WAS BLASTED AWAY IN ORDER TO WIDEN THE MODERN HIGHWAY, THE MONUMENT WAS OBVIOUSLY RELOCATED.		
Impact Level: LOW Impact Types: EROSION		
Condition: GOOD		

page 1 of 2

## LIST OF CLASSIFIED STRUCTURES (LCS) SINGLE ENTRY REPORT Continued

IDLCS Park Structure Name

Number

40259 MIMA BLUFF MONUMENT

1-113-A

--Management Information----

NPS Legal Interest: FEE

Life:

Exp. Date: / /

Federal Owner:

Local Owner:

Management Category: MUST BE PRES. & MAINT Management Date: 12/20/93
Management Agreement: NONE Agrmt. Exp. Date: / /

Management Agreement: NONE

Proposed Ultimate Treat: PRESERVATION Doc: RMP Approved Ultimate Treat: PRESERVATION Doc: GMP

Date: 12/20/93 Date: 07/11/90

Treatment Responsibilities

Treatment Costs

Interim:

\$0 Date:

Ultimate:

\$0 Date: 12/92

Interim Treatment: NPS Ultimate:

Ultimate Treatment: NPS Ultimate:

Routine Maintenance: NPS Level of Estimate:

Cyclic Maintenance: NPS Estimator:

Approved Ultimate Treatment Completed: YES

Management Text

-Major Bibliographical References----

Nat. Req.: 66000935 CSI:

Nat. Cat: NO

HABS:

BRIDGES: DAMS:

HAER:

QTRS:

CLI

CRBIB

Other

1.

HRS 1. HS ASSESS 2. 1.

2. 3.

HSR 3.

2. 3.

4. 5.

CLR 4. 5.

4.

Documentation Level: POOR

Date Entered/Updated: 03/15/94

Logger: JIG

Date of Report: 09/23/96

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